



Aguillard Accounting, LLC

RECEIVED
SECRETARY OF THE SENATE

14 APR -1 PM 2:43

March 25, 2014

Office of Public Records
P. O. Box 77578
Washington, DC 20013-7578

Dear Ms. Erickson,

Please find enclosed an amended FEC Form 3 for Friends of Paul Hollis, LLC. The amended report identifies his loan to his campaign as being derived from personal funds.

Very truly yours,

Amanda Aguillard Lo, CPA

14020174288

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
14 APR -1 PM 2:43

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

FRIENDS OF PAUL HOLLIS, LLC

ADDRESS (number and street)

2000 PRESERVE LAKE DR., SUITE B



Check if different
than previously
reported. (ACC)

COVINGTON

LA

70433

5340

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C 00553636

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

LA

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y Y

in the
State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y Y

in the
State of

5. Covering Period

12 /

10 /

2013

through

12 /

31 /

2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

AMANDA A. LO, CPA

Signature of Treasurer

Amanda A. Lo

Date

03 /

25 /

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

FRIENDS OF PAUL HOLLIS, LLC

Report Covering the Period:

From:

12 / 10 / 2013

To:

12 / 31 / 2013

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ..		
(b) Total Contribution Refunds (from Line 20(d)) ..		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ..		
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	2 5 9 6 0 0 0	2 5 9 6 0 0 0
(b) Total Offsets to Operating Expenditures (from Line 14)...		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...		
8. Cash on Hand at Close of Reporting Period (from Line 27)...	2 4 4 0 4 0 0 0	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)...		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)...	2 5 0 0 0 0 0 0	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3 (Revised 12/2003)

Page 3

FRIENDS OF PAUL HOLLIS, LLC

From:

To:

Three punch cards are shown, each with a rectangular frame and four punch holes at the corners. The first card contains the number 12 with a small 'M' above the 2. The second card contains the number 31. The third card contains the number 2013.

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A)...

(ii) Unitemized

(iii) TOTAL of contributions
from individuals ..

(b) Political Party Committees...

(c) Other Political Committees
(such as PACs)...

(d) The Candidate

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES...

13. LOANS:

(a) Made or Guaranteed by the Candidate...

(b) All Other Loans...

(c) TOTAL LOANS

(add Lines 13(a) and (b))...

14. OFFSETS TO OPERATING EXPENDITURES
(Refunds, Rebates, etc.) ..

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

16. **TOTAL RECEIPTS** (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)...

FE5AN018

7
8
9
0
1
2
3
4
5
6

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES...

2 5 9 6 0 0 0

2 5 9 6 0 0 0

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES...

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed
by the Candidate...

(b) Of All Other Loans

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b))...

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees...

(b) Political Party Committees...

(c) Other Political Committees
(such as PACs)...

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c))...

21. OTHER DISBURSEMENTS...

22. TOTAL DISBURSEMENTS

(add Lines 17, 18, 19(c), 20(d), and 21) ►

2 5 9 6 0 0 0

2 5 9 6 0 0 0

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...

0 0 0

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...

2 5 0 0 0 0 0

25. SUBTOTAL (add Line 23 and Line 24)...

2 5 0 0 0 0 0

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...

2 5 9 6 0 0 0

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25)...

2 2 4 0 4 0 0

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 11a ☒ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FRIENDS OF PAUL HOLLIS, LLC

Full Name (Last, First, Middle Initial)
HOLLIS, PAUL B.

A.

Mailing Address

108 GRANDE MAISON BLVD.

City

MANDEVILLE

State

LA

Zip Code

70471

FEC ID number of contributing
federal political committee.

C

Name of Employer

STATE OF LOUISIANA

Occupation

STATE REPRESENTATIVE

Receipt For:

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1 0 0 0 0 0 0

Date of Receipt

MM / DD / YYYY
12 / 10 / 2013

Amount of Each Receipt this Period

1 0 0 0 0 0 0

B.

Full Name (Last, First, Middle Initial)
HOLLIS, PAUL B.

Mailing Address

108 GRANDE MAISON BLVD.

City

MANDEVILLE

State

LA

Zip Code

70471

FEC ID number of contributing
federal political committee.

C

Name of Employer

STATE OF LOUISIANA

Occupation

STATE REPRESENTATIVE

Receipt For:

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2 5 0 0 0 0 0 0

Date of Receipt

MM / DD / YYYY
12 / 20 / 2013

Amount of Each Receipt this Period

2 4 0 0 0 0 0 0

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2 5 0 0 0 0 0 0

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FRIENDS OF PAUL HOLLIS, LLC

Full Name (Last, First, Middle Initial)

A. ROY FLETCHER

Mailing Address

220 DELGADO DRIVE

City

BATON ROUGE

State

LA

Zip Code

70808

Purpose of Disbursement

POLITICAL CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify)

State:

District:

Date of Disbursement

MM / DD / YYYY
12 / 23 / 2013

Amount of Each Disbursement this Period

2500000

Full Name (Last, First, Middle Initial)

B. CLICKHERE PUBLISHING

Mailing Address

4528 BENNINGTON AVENUE #500

City

BATON ROUGE

State

LA

Zip Code

70808

Purpose of Disbursement

WEBSITE DEVELOPMENT

Candidate Name

001

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify)

State:

District:

Date of Disbursement

MM / DD / YYYY
12 / 23 / 2013

Amount of Each Disbursement this Period

96000

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify)

State:

District:

Date of Disbursement

MM / DD / YYYY
/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2596000

SCHEDULE C (FEC Form 3)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 2

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
FRIENDS OF PAUL HOLLIS, LLC**LOAN SOURCE** Full Name (Last, First, Middle Initial)

HOLLIS, PAUL B. - PERSONAL FUNDS

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

108 GRANDE MAISON BLVD.

City

MANDEVILLE

State

LA

ZIP Code

70471

Original Amount of Loan

1 0 0 0 0 0 0

Cumulative Payment To Date

0 0 0

Balance Outstanding at Close of This Period

1 0 0 0 0 0 0

TERMS

Date Incurred

M M / D D / Y Y
1 2 / 1 0 / 2 0 1 3

Date Due

M M / D D / Y Y
NONE

Interest Rate

NONE % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)...**TOTALS** This Period (last page in this line only) ...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 2 OF 2

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

FRIENDS OF PAUL HOLLIS, LLC

LOAN SOURCE Full Name (Last, First, Middle Initial)

HOLLIS, PAUL B. -PERSONAL FUNDS

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

108 GRANDE MAISON BLVD.

City

MANDEVILLE

State

LA

ZIP Code

70471

Original Amount of Loan

2 4 0 0 0 0 0 0

Cumulative Payment To Date

0 0 0

Balance Outstanding at Close of This Period

2 4 0 0 0 0 0 0

TERMS

Date Incurred

1 2 / 2 0 / 2 0 1 3

Date Due

NONE

Interest Rate

NONE % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....

TOTALS This Period (last page in this line only) ..

2 5 0 0 0 0 0 0

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
Information found on
Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">C</div>	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan <div style="border: 1px solid black; height: 20px;"></div>	Interest Rate (APR) <div style="border: 1px solid black; height: 20px;"></div> %
Mailing Address		Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	
City State Zip Code		Date Due <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>			
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>		Total Outstanding Balance: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <div style="border: 1px solid black; height: 20px;"></div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <div style="border: 1px solid black; height: 20px;"></div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>		Location of account: Address: City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	
Title			

14020174297

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE OF

FOR LINE NUMBER:
(check only one)9
10

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ...2) **TOTALS** This Period (last page this line number only) ...3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)...4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

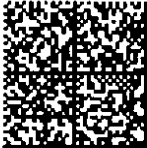
Name of Principal Campaign Committee (In Full)		Report Covering Period:				
		From:		To:		
		<div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y Y Y</div> </div>		<div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y Y Y</div> </div>		
Committee Name		(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees		(b) Line No. 11(b) Total Contributions From Political Party Committees		
A						
B	Column Total Last Page Only.....					
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A						
B						
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A						
B						
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A						
B						
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A						
B						
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A						
B						

Office of Public Records
P.O. Box 77578
Washington, DC 20013-7578

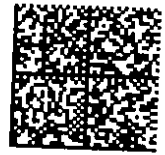
Amanda

1218 Annunciation St., Ste. B
New Orleans, LA 70130

SCREENTONE
BY THESEAN
POST OFFICE



SCREENED
BY THE SENATE
POST OFFICE



U.S. POSTAGE
\$1.40
FCM LG ENV
70123
Date of sale
03/28/14
06 2S00
08312486 APC

Office of Public Rewards
P.O. Box 77578
Washington, DC

20013-7578

14020174301

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-71
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

Date of Receipt

USPS FIRST CLASS MAIL _____

Postmark

USPS REGISTERED/CERTIFIED _____

Postmark

USPS PRIORITY MAIL _____

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____

Date of Receipt

POSTMARK ILLEGIBLE ☐

NO POSTMARK ☐

FAX _____

Date of Receipt

OTHER _____

Date of Receipt or Postmark

PREPARER

DH

DATE PREPARED

4-1-14

14020174302

14020174303

